

Department of Workforce Services (DWS) Family, Friend, & Neighbor (FFN) Approvals Interpretation Manual

This manual is for providers and Child Care Licensing staff. Its purpose is to help ensure statewide consistency in the understanding and enforcement of the DWS FFN Approval Requirements. Each section of requirements has the:

Requirement – the text of each requirement

Rationale / Explanation – the reason for and, when applicable, additional information about the requirement

Compliance Guideline(s) - how compliance can be achieved and maintained

Violation Risk(s) – the level(s) of potential harm to children due to a violation

Information in the Rationale / Explanation section has references to “CFOC.” This stands for *Caring for Our Children: Guidelines for Out-of-Home Child Care Programs*. This book has standards generally accepted as the best practices to ensure the health and safety of children in child care.

Inspections

Providers have required Announced and Unannounced Inspections during the year. They will also have Complaint Investigations when there are reports of alleged noncompliance with child care requirements. During these Inspections and Investigations, licensors assess compliance with requirements. When noncompliance is found and not corrected during the inspections and/or investigations, providers are given dates by which to show compliance. When providers don't show compliance by those dates, their approvals are deactivated.

Violations

After Inspections/Investigations with noncompliance items, violations are created. These violations have the details of the noncompliance item(s), the date by which the noncompliance item was or must be in compliance, and the level of risk. The level of risk is the level of potential harm to children. High Risk is the most serious, Moderate Risk is less serious, and Low Risk is the least serious.

The level of risk also determines the Corrective Action. A Citation has a higher potential of harm to children than a Warning. A Low Risk Violation will receive a Warning the first and second time it occurs and a Citation on the third time it occurs. A Moderate Risk Violation will receive a Warning the first time it occurs, a Citation the second time it occurs, and a Repeat Citation the third time it occurs. A High Risk Violation will receive a Citation the first time it occurs and a Repeat Citation the second and third time it occurs.

Public Record

Citations from Announced Inspections and Unannounced Inspections are part of the provider's public record. Citations and Warnings from Complaint Investigations are part of the provider's public record.

30-1 Purpose

- (1) These requirements define the procedures for obtaining and renewing a DWS FFN Approval.
- (2) These requirements establish the foundational standards necessary to protect the health and safety of children in DWS FFN Approved homes.

30-2 Definitions

- (1) "CCL" means the Child Care Licensing Program in the Department of Health.
- (2) "Children in Care" are those children for whom the provider receives direct or indirect compensation for their care and all other children younger than 13 years old who are in the home when care is provided.
- (3) "Covered Individual" means:
 - (a) When care is being provided in the home of the provider: Everyone 12 years old and older who lives (stays continuously for 2 weeks or longer) in the same home as the provider.
 - (b) When care is being provided in the home of the child(ren) in care: Everyone 12 years old and older who lives (stays continuously for 2 weeks or longer) in the same home as the child(ren) in care, except the parents or guardians with DWS child care assistance and siblings younger than 18 years old.
- (4) "Emotional abuse" means behavior that could impair a child's emotional development, such as threatening, intimidating, humiliating, or demeaning a child, constant criticism, rejection, profane language, and inappropriate physical restraint.
- (5) "Facility" means the indoor and outdoor areas approved for child care.
- (6) "Health care provider" means a licensed professional with prescriptive authority, such as a physician, nurse practitioner, or physician's assistant.
- (7) "Inaccessible" means:
 - (a) locked, such as in a locked room, cupboard, or drawer;
 - (b) secured with a child safety device, such as a child safety cupboard lock or doorknob device;
 - (c) behind a properly secured child safety gate;
 - (d) located in a cupboard or on a shelf at least 36 inches above the floor; or
 - (e) located in a bathroom cupboard or on a bathroom shelf at least 36 inches above a surface on which a child could stand or climb.
- (8) "Infant" means a child age birth through 11 months.
- (9) "Living in the same home" means the person:
 - (a) shares any of the following with the provider:
 - (i) a kitchen
 - (ii) a bathroom
 - (iii) a living area (the living room and/or bedroom)
 - (iv) an entrance
 - The person shares the entrance when, for example, they must walk through the living room to access the stairs to their basement apartment.
 - The person has a separate entrance when, for example, they use a common door from the outside but can access the stairs to his/her basement apartment without going through any area of the main home and there is not an interior doorway (inside the home) between the living areas.
 - (v) an address – the person does not have a separate residential/physical address recognized by the post office (a PO Box is not a separate mailing address; or
 - (b) lives in a separate structure with running water and electricity that is on the same property as the provider (such as an apartment over the garage or a camper in the yard) but shares the kitchen and/or bathroom with the provider.
- (10) "Parent" means the parent or legal guardian of a child in care.
- (11) "Provider" means the person approved to provide child care.
- (12) "Related children" mean the children for whom the provider is the parent, legal guardian, stepparent, grandparent, step grandparent, great grandparent, sibling, half sibling, step sibling, aunt, step aunt, great aunt, uncle, step uncle, or great uncle.

30-2 Definitions (continued)

- (13) "School age" means between 5 years old and 12 years old.
- (14) "Sexual abuse" means abuse as described in Utah Code, Section 76-5-404-1.
- (15) "Stationary play equipment" means equipment such as a climber, slide, swing, merry-go-round, or spring rocker, which is meant to stay in one location when in use.

30-3 Approval Details

- (1) DWS FFN Approvals are required for providers to be eligible to receive child care subsidy payments from DWS.
- (2) DWS FFN Approvals are active for one year.
- (3) DWS FFN Approvals are for the provider and the location and are not assignable or transferable. An application for a DWS FFN Approval is required for a different provider and for a different location.
- (4) DWS FFN Approvals will only be given for child care in the home of the provider and/or in the home of the child(ren) in care.
- (5) DWS FFN Approvals will not be given if there is an active DWS FFN Approval, Child Care License, or Child Care Certificate at the same location.
- (6) DWS FFN Approvals will not be given if there is a foster care license at the same location.
- (7) A DWS FFN Approval is not a guarantee of payment from DWS. The DWS customer applying for child care assistance must be eligible and comply with the DWS eligibility processes. The DWS customer has specific application, review, and reporting time frames that may be different from the DWS FFN Approval process. Late verifications may result in a loss of benefits and/or require the DWS customer to complete a new child care assistance application. The DWS customer is responsible for any costs not covered by DWS.

30-4 New and Renewal Approvals

- (1) To receive a new DWS FFN Child Care Approval, the applicant must do all of the following:
 - (a) Read the requirements.
 - (b) Submit the following to the Utah Department of Health Child Care Licensing Program:
 - (i) a completed DWS FFN Approval Application,
 - (ii) a completed Background Check form for each Covered Individual, and
 - (iii) fingerprints and the fingerprint processing fee for each Covered Individual 18 years old and older.
 - (c) Complete New Provider Training.
 - (d) Ensure all Covered Individuals passed the CCL background check.
 - (e) Have a home inspection and be in compliance with the requirements.
 - (f) Show documentation of their lawful presence in the United States.
- (2) A DWS FFN Approval application will be denied when:
 - (a) The provider does not complete the CCL background check process within 60 calendar days of submitting the application;
 - (b) The provider does not complete New Provider Training within 60 calendar days of submitting the application;
 - (c) All Covered Individuals do not pass the background check;
 - (d) The provider is not lawfully in the United States;
 - (e) The provider is not there for the home inspection; and/or
 - (f) The provider does not show compliance with the requirements within 60 calendar days of submitting the application.
- (3) To renew a DWS FFN Approval, the provider must:
 - (a) Submit a Request Renewal through their CCL Portal at least 30 calendar days before the expiration of their current approval, and
 - (b) Have an announced home inspection and be in compliance with all requirements before the end date of the approval.

30-5 Inspections

- (1) Before a new approval is issued, the provider will have an announced home inspection to assess compliance with all requirements. When noncompliance to any requirement is found during this inspection, the provider will be given a date to come into compliance with the requirement(s). The application will be denied when:
 - (a) The provider is not there for the home inspection.
 - (b) The provider does not show compliance with the requirement(s) by the required date.
- (2) During the approval year, the provider will have an unannounced inspection to assess compliance with all requirements. Before this inspection, the provider will be contacted and asked the days and times they are providing child care. When noncompliance to any requirement is found during this inspection, the provider will be given a date to come into compliance with the requirement(s). The approval will be deactivated when:
 - (a) The provider does not contact the licensor with the days and times they are providing child care.
 - (b) The provider is not there for the inspection. (Several attempts will be made to complete the inspection.)
 - (c) The provider does not show compliance with the requirement(s) by the required date.
- (3) Before the expiration date of the approval, the provider will have an announced inspection to assess compliance with the requirements. When noncompliance to any requirement is found during this inspection, the provider will be given a date to come into compliance with the requirement(s). The approval will be deactivated when:
 - (a) The provider is not there for the inspection.
 - (b) The provider does not show compliance with the requirement(s) by the required date.
- (4) When there are concerns with compliance, the provider will have an unannounced inspection to assess compliance with the requirements. When noncompliance to any requirement is found during this inspection, the provider will be given a date to come into compliance with the requirement(s). When the provider does not show compliance with requirements by the required date, the approval will be deactivated.
- (5) Providers can appeal any action taken by the Child Care Licensing staff by submitting a Child Care Licensing Appeal Request Form. The form is submitted through the Child Care Licensing Portal.

30-6 Administration and Children's Records

Requirement

- (1) The provider must take all reasonable measures to protect the safety of the children in care and must not engage in or allow conduct that unreasonably endangers the children in care or is adverse to the health, morals, welfare, and safety of children in care.

Rationale / Explanation

The work of child care professionals has a far-reaching impact on a child's health, safety, and development. Child care providers are important figures in the lives of children in their care and in the well-being of families and communities. The provider should understand the importance of serving as a healthy role model for children and staff. CFOC 3rd ed. Standard 1.4.2.1. p.22; CFOC 3rd ed. Standard 1.6.0.1

Violation Risk

The Violation Risk will be determined on a case-by-case basis and depend on the severity of the violation.

Requirement

- (2) The provider must maintain the home, outdoor play area, toys, and equipment in a safe manner to prevent injury to children in care. This includes the proper handling, storage, and disposal of hazardous materials and bio-contaminants.

Rationale / Explanation

The provider has a duty to protect everyone in their home by complying with manufacturer safety guidelines. Manufacturer instructions contain important safety information that helps avoid injury and property damage. Not using a product according to manufacturer instructions can be used against the provider if an accident occurred and legal action was taken.

Compliance Guideline(s)

To ensure there are no hazards that could cause injury to the children, providers are to do regular checks of and have a regular maintenance schedule for all areas of the home and outdoor area that are used by children. Providers are to read the labels and follow the instructions for the storage of disposal of hazardous materials and bio-contaminants.

Violation Risk

The Violation Risk will be determined on a case-by-case basis and depend on the severity of the violation.

Requirement

- (3) The provider must ensure parents have access to all areas of the home used for care.

Rationale / Explanation

Allowing parents unrestricted access to their children and all areas of the home that are used for child care is one of the most important methods of preventing abuse and maltreatment of children in care. When access is restricted, areas observable by parents may not reflect the care that children actually receive. CFOC 3rd ed. Standard 2.3.1.2. p.78; Standard 9.4.1.6. pp.380-381

Compliance Guideline(s)

This does not mean providers cannot lock their doors. It means providers must open their doors in a timely manner and allow parents to enter any part of the home or outdoor areas that is used for child care.

Violation Risk

Moderate

30-6 Administration and Children's Records (continued)

Requirement

(4) When caring for children with special needs, the provider must make any necessary accommodations to meet their needs.

Rationale / Explanation

Providers may have to make structural changes or have specialized training to care for children with special needs.

Compliance Guideline(s)

Providers must get instructions from the parents as to what, if any, accommodations will be needed to properly care for their child(ren).

Violation Risk

High

Requirement

(5) The provider must ensure each child in care has current immunizations.

Rationale / Explanation

Routine immunizations at the appropriate age are the best means of protecting children against vaccine-preventable diseases. Immunization is particularly important for children in child care because preschool-aged children have the highest age-specific incidence or are at high risk of complications from many vaccine-preventable diseases. CFOC 4th ed. Standards 7.2.0.1, 7.2.0.2 p.p. 317-318. Utah law requires age-appropriate immunizations for children attending child care facilities.

Compliance Guideline(s)

Violation Risk

Moderate

30-6 Administration and Children's Records (continued)

Requirement

- (6) The provider must have documentation of current immunizations for each child in care who does not attend school (children who are homeless may have a 90 day exemption) and have the documentation available for review by Child Care Licensing staff.

Rationale / Explanation

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

Compliance Guideline(s)

Providers can have hard-copy or electronic documentation available for review.

According to Immunization Rule R396-100, providers must document children's immunizations by:

- Using the official Utah School Immunization Record (USIR or pink form);
- Accepting any immunization record provided by a licensed physician, registered nurse, or public health official and transferring the information to the USIR (pink form); or
- Keeping immunization records in the Utah Statewide Immunization Information System (USIIS).

If a child is exempt from being immunized, the provider must keep a copy of the child's official immunization exemption form (attached to the Utah School Immunization Record) and other required exemption documents in the child's file.

Parents must use an official immunization exemption form to exclude their child from being immunized and present the form to the child care provider. An exemption form can be obtained by completing an online education module (free of charge) and then printing the vaccination exemption form. It can also be obtained through an in-person consultation at the local health department (a fee may apply) where it will be signed.

For a medical exemption from vaccination, the child's parent must give the child care provider the completed immunization exemption form as well as a note signed by a licensed healthcare professional. The note must state that due to the physical condition of the child, administration of the vaccine would endanger the child's life or health.

For an exemption from vaccination due to a child's immunity to a disease (the child previously had the disease), the parent must submit a document signed by a healthcare provider to the child care provider as proof of immunity.

The McKinney-Vento Act allows 90 days from enrollment for families who are experiencing homelessness to provide the required immunization records. A written statement that the family is homeless is adequate documentation for this 90-day exemption. More information may be found at: https://careaboutchildcare.utah.gov/pub/OCC_Homeless_Child.pdf

Violation Risk

Low

Requirement

- (7) Within 10 calendar days of the change, the provider must notify Child Care Licensing staff of changes in any of the following:
- (a) their name;
 - (b) their telephone number or email address;
 - (c) their child care schedule;
 - (d) the number of children of DWS customers in care; and/or
 - (e) the DWS customer(s) whose child(ren) are in care and their DWS case number(s).

Rationale / Explanation

The provider and licensing staff must be able to communicate with each other to ensure the safety and health of each child. CFOC 3rd ed. Standard 9.2.1.4. p.350

CCL must ensure the number of children in care does not exceed the number allowed for exempt care.

Violation Risk

Moderate

30-7 Personnel and Training

Requirement

- (1) The provider must:
- (a) be at least 18 years old.

Rationale / Explanation

Eighteen years is the age of legal consent. Providers must have the maturity necessary to meet the responsibilities of independently caring for a group of children. CFOC, 3rd Ed. p.13 Standard 1.3.2.3

Violation Risk

High

Requirement

- (1) The provider must:
- (b) have knowledge of and comply with all applicable federal, state, and local laws and rules, including fire requirements.

Rationale / Explanation

There are many laws and regulations that apply to the out-of-home care and education of children. For example, local laws may regulate the number of children allowed in care, and state laws may regulate food sanitation, child immunizations, and fire safety.

Compliance Guideline(s)

If a law or rule from one agency conflicts with the law or rule of another, the provider must follow the stricter of the two regulations.

Violation Risk

The Violation Risk depends on the law or rule found out of compliance.

Requirement

- (2) The provider can only live in the same home as the child(ren) in care for payment when one or more of the children have special needs. When care is in the home of the provider, a parent of the child(ren) in care for payment cannot live in that home.

Rationale / Explanation

This is part of the DWS eligibility requirements.

Violation Risk

High

Requirement

- (3) The provider cannot be a sibling who lives in the same home as the children in care for payment.

Rationale / Explanation

This is part of the DWS eligibility requirements.

Violation Risk

High

Requirement

- (4) The provider cannot be a parent, specified relative or legal guardian of the children in care for payment. This includes a divorced spouse, a step-parent, a spouse of a specified relative, and a spouse of a legal guardian.

Rationale / Explanation

This is part of the DWS eligibility requirements.

Violation Risk

High

30-7 Personnel and Training (continued)

Requirement

- (5) The provider cannot provide care when there is a parent of the child(ren) in the home, including when a DWS customer works from home.

Rationale / Explanation

This is part of the DWS eligibility requirements.

Violation Risk

High

Requirement

- (6) At least 30 calendar days before the expiration date of their approval, the provider must complete at least 5 hours of ongoing child care training and ensure the training includes at least the following topics:
- (a) disaster preparedness, response, and recovery;
 - (b) pediatric first aid and CPR;
 - (c) children with special needs;
 - (d) safe handling and disposal of hazardous materials;
 - (e) the prevention, signs, and symptoms of child abuse and neglect, including child sexual abuse, and legal reporting requirements;
 - (f) principles of child growth and development, including brain development;
 - (g) prevention of shaken baby syndrome and abusive head trauma, and coping with crying babies;
 - (h) prevention of sudden infant death syndrome (SIDS) and use of safe sleeping practices;
 - (i) recognizing the signs of homelessness and available assistance;
 - (j) a review of the Emergency Preparedness, Response, and Recovery Plan; and
 - (k) a review of the DWS FFN Approval Requirements.

Rationale / Explanation

The benefits of having well-trained individuals working with children include: 1) providers are better able to prevent, recognize, and correct health and safety problems; 2) training in child development is related to more positive outcomes for children; and 3) providers are more likely to avoid abusive interactions with children. CFOC 3 ed. Standards 1.3.2.3-1.3.2.6. pp. 13-16; Standards 1.4.2.1-1.4.2.3. pp. 21-24; Standards 1.4.4.1-1.4.4.2. pp. 26-29

Compliance Guideline(s)

The following trainings and classes do not count towards training hours:

- self-help classes such as anger or stress management
- time spent doing yoga or meditating
- guidance from CCL staff
- ESL and other language classes
- craft classes, such as origami, scrapbooking, sewing
- attendance at a child's classes or lessons, such as music or dance lessons
- watching reality TV and talk shows
- preparing (making copies, cutting, etc.) and presenting curriculum to children
- volunteering in a classroom
- obtaining and submitting fingerprints to CCL
- DWS policy-related webinars

Accurate and complete training records are needed to track training and assess compliance with this requirement.

Violation Risk

Moderate

30-7 Personnel and Training (continued)

Requirement

- (7) The provider must document the completion of ongoing training and ensure the documentation is available for review by Child Care Licensing staff and includes at least the following:
- (a) the date of the training;
 - (b) the training topic; and
 - (c) the length of the training.

Rationale / Explanation

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

Compliance Guideline(s)

Providers can have hard-copy or electronic documentation available for review.

Violation Risk

Low

30-8 Background Checks

General Information

Working days refers to the days the Child Care Licensing Program is open for business. Ten working days is 14 calendar days for weeks with no federal holidays and 15 calendar days for weeks with federal holidays.

Requirement

- (1) The provider must ensure all Covered Individuals pass Child Care Licensing background checks and be associated with their facility. The provider must submit background check forms, required fingerprints, and required fees for new Covered Individuals.

Rationale / Explanation

In order to protect children from risk of abuse or neglect, background checks are required for individuals who are involved with child care. A failed background check may prohibit an individual from working in a child care program, and having a requirement about background checks may discourage a potentially abusive individual from seeking employment in child care. Performing background checks may also protect the provider against future legal challenges. CFOC, 3rd ed.

Standard 1.2.0.2 p.10; Standards 10.3.3.1 – 10.3.3.2 pp.400-401

Compliance Guideline(s)

Providers must ensure:

- Covered Individuals complete background check forms and submit them to the provider's CCL portal,
- background check forms are authorized, and
- required fingerprints and fees are submitted.

Violation Risk

High

Requirement

- (2) Before new Covered Individuals move into the home, the provider must ensure they pass a Child Care Licensing background check.

Rationale / Explanation

In order to protect children from risk of abuse or neglect, background checks are required for individuals who are involved with child care. A failed background check may prohibit an individual from working in a child care program, and having a requirement about background checks may discourage a potentially abusive individual from seeking employment in child care. Performing background checks may also protect the provider against future legal challenges. CFOC, 3rd ed.

Standard 1.2.0.2 p.10; Standards 10.3.3.1 - 10.3.3.2 pp.400-401

Compliance Guideline(s)

When Covered Individuals leave the state for more than 90 calendar days the provider must, when they return home, submit a new form with fingerprints for those individuals.

Providers must ensure:

- Covered Individuals complete background check forms and submit them to the provider's CCL portal,
- background check forms are authorized, and
- required fingerprints and fees are submitted.

Violation Risk

High

30-8 Background Checks (continued)

Requirement

- (3) Before new Covered Individuals staying in the home for more than 2 weeks arrive at the home, the provider must ensure they pass a Child Care Licensing background check.

Rationale / Explanation

In order to protect children from risk of abuse or neglect, background checks are required for individuals who are involved with child care. A failed background check may prohibit an individual from working in a child care program, and having a requirement about background checks may discourage a potentially abusive individual from seeking employment in child care. Performing background checks may also protect the provider against future legal challenges. CFOC, 3rd ed.

Standard 1.2.0.2 p.10; Standards 10.3.3.1 - 10.3.3.2 pp.400-401

Compliance Guideline(s)

This includes children who are college students who live at college but stay in the home for more than 2 weeks when they are not at college.

Providers must ensure:

- Covered Individuals complete background check forms and submit them to the provider's CCL portal,
- background check forms are authorized, and
- required fingerprints and fees are submitted.

Violation Risk

High

Requirement

- (4) The provider must submit Background Check forms for children who live in the home where care is provided when the children turn 12 years old. These forms must be submitted within 10 working days of the children's 12th birthday.

Rationale / Explanation

In order to protect children from risk of abuse or neglect, background checks are required for individuals who are involved with child care. A failed background check may prohibit an individual from working in a child care program, and having a requirement about background checks may discourage a potentially abusive individual from seeking employment in child care. Performing background checks may also protect the provider against future legal challenges. CFOC, 3rd ed.

Standard 1.2.0.2 p.10; Standards 10.3.3.1 - 10.3.3.2 pp.400-401

Compliance Guideline(s)

Providers must ensure:

- Covered Individuals complete background check forms and submit them to the provider's CCL portal, and
- background check forms are authorized.

Violation Risks

High when the form was not submitted

Moderate when the form was submitted but not within 10 working days

30-8 Background Checks (continued)

Requirement

- (5) The provider must submit another Background Check form, fingerprints, and the fingerprint processing fee when a child who lives in the home where care is provided turns 18 years old. These must be submitted within 10 working days of their 18th birthday.

Rationale / Explanation

In order to protect children from risk of abuse or neglect, background checks are required for individuals who are involved with child care. A failed background check may prohibit an individual from working in a child care program, and having a requirement about background checks may discourage a potentially abusive individual from seeking employment in child care. Performing background checks may also protect the provider against future legal challenges. CFOC, 3rd ed.

Standard 1.2.0.2 p.10; Standards 10.3.3.1 - 10.3.3.2 pp.400-401

Compliance Guideline(s)

Providers must ensure:

- Covered Individuals complete background check forms and submit them to the provider's CCL portal,
- background check forms are authorized, and
- required fingerprints and fees are submitted.

Violation Risk

Moderate

Requirement

- (6) The provider must ensure individuals who failed to pass the background check are not on the premises of the home where care is provided.

Rationale / Explanation

In order to protect children from risk of abuse or neglect, background checks are required for individuals who are involved with child care. A failed background check may prohibit an individual from working in a child care program, and having a requirement about background checks may discourage a potentially abusive individual from seeking employment in child care. Performing background checks may also protect the provider against future legal challenges. CFOC, 3rd ed.

Standard 1.2.0.2 p.10; Standards 10.3.3.1 - 10.3.3.2 pp.400-401

Violation Risk

High

Requirement

- (7) Within 48 hours of becoming aware of the conviction, the provider must notify Child Care Licensing Staff of any felony or misdemeanor conviction of a Covered Individual.

Rationale / Explanation

Individuals who fail to pass a background check must not have unsupervised access to children in care.

Violation Risks

High when CCL was not notified

Moderate when CCL was notified but not within 48 hours

30-9 Facility

General Information

The physical structure where children spend each day can present health and safety concerns if it is not kept clean and maintained in good repair and in a safe condition.

Children benefit from being outside and it is important for them to have a safe play area in good repair.

Inaccessible means not:

- on the floor OR
- on a shelf that is at least 36 inches from the floor OR
- in an unlocked cupboard or drawer that is at least 36 inches from the floor OR
- in a bathroom cupboard or on a bathroom shelf that is at least 36 inches or less from a surface on which a child could stand.

Unanchored swings and unanchored slides must be surrounded by a barrier that is at least 48 inches high to be inaccessible to children in care.

Requirement

(1) The provider must have a flushing toilet and a working hand washing sink accessible to non-diapered children in care.

Rationale / Explanation

Children use the bathroom often, and cannot wait long when they have to use the toilet. Sinks should be nearby to facilitate handwashing. CFOC 3 ed. Standard 5.4.1.6. p. 246

Transmission of many communicable diseases can be prevented through handwashing. To facilitate routine handwashing at the needed times, sinks must be close at hand and permit providers to provide continuous supervision while children wash their hands. CFOC 3 ed. Standard 5.4.1.6. p. 246

Compliance Guideline(s)

The following are not acceptable toilets or sinks:

- indoor and outdoor portable toilets, such as chemical toilets, composting toilets, and bucket toilets
- portable sinks with no water in them

Violation Risk

Moderate

Requirement

(2) The provider must have a working telephone.

Rationale / Explanation

Wherever children are in care, there should always be a telephone available for communication between the provider and parents, and for emergency use. CFOC 3 ed. Standard 5.3.1.12. p. 243

Compliance Guideline(s)

Cell phones must be with providers at all times, including during transport and on off-site activities.

Violation Risk

Moderate

30-9 Facility (continued)

Requirement

(3) The provider must have a working fire extinguisher.

Rationale / Explanation

Provider should be able to put out small fires in the home before they cause serious damage.

Compliance Guideline(s)

Any size fire extinguisher is acceptable. Gauges on fire extinguishers must be in the green zone.

Providers are considered in compliance with this requirement when they live in an apartment building with a fire extinguisher in the building.

Violation Risk

Moderate

Requirement

(4) The provider must have a working smoke detector on each floor of the home.

Rationale / Explanation

The provider needs to be alerted of a possible fire in the home to take the steps necessary for the safety of the children.

Violation Risk

Moderate

Requirement

(5) The provider must ensure accessible raised decks or balconies that are 5 feet or higher and open stairwells that are 5 feet or deeper have protective barriers that are at least 3 feet high.

Rationale / Explanation

Children falling from elevated areas may suffer fatal head injuries. Protective barriers are designed to protect against falls from elevated surfaces. CFOC 3rd ed. Standard 6.1.0.4. pp.266-267

Compliance Guideline(s)

When there is a lip on the edge of the stairwell, measure the depth from the top of the lip down to the bottom of the stairs. Barriers need to be at least 3 feet high (measured from the surface from which where a person could fall).

Violation Risk

High

Requirement

(6) When there is an outdoor area used by children in care, the provider must ensure unanchored swings and large metal slides are inaccessible to children in care.

Rationale / Explanation

Proper maintenance of outdoor areas and outdoor play equipment is a key factor in ensuring a safe environment for children. Each outdoor area is unique and requires a routine maintenance check program developed specifically for that outdoor area. CFOC, 3rd Ed. p.259 Standard 5.7.0.1

Compliance Guideline(s)

Shake the swings and/or slides to see if they are anchored. The equipment is not anchored when a post or side of the equipment comes off or out of the ground.

Violation Risk

High

30-9 Facility (continued)

Requirement

(7) When there is an outdoor area used by children in care, the provider must ensure motor vehicles on blocks are inaccessible to children in care.

Rationale / Explanation

Proper maintenance of outdoor areas and outdoor play equipment is a key factor in ensuring a safe environment for children. Each outdoor area is unique and requires a routine maintenance check program developed specifically for that outdoor area. CFOC, 3rd Ed. p.259 Standard 5.7.0.1

Violation Risk

High

Requirement

(8) When there is an outdoor area used by children in care, the provider must ensure rebar or metal rods less than 36 inches long sticking up from the ground or out of walls are inaccessible to children in care.

Rationale / Explanation

Proper maintenance of outdoor areas and outdoor play equipment is a key factor in ensuring a safe environment for children. Each outdoor area is unique and requires a routine maintenance check program developed specifically for that outdoor area. CFOC, 3rd Ed. p.259 Standard 5.7.0.1

Violation Risk

High

30-10 Ratios and Group Size

General Information

Children in care are all children younger than 13 years old, including the provider's children and any children who are in the home when care is provided.

Requirement

(1) When care is in the home of the provider:

- (a) When the children in care are all siblings who are related to the provider and there are no other children in care, there is no limit to the number of children in care.
- (b) When there are children in care who are not siblings who are related to the provider, the provider must ensure there are no more than 8 children in care and no more than 2 of those children are younger than 2 years old. When there are more than 4 children in care who are not related to the provider, the provider must (by statute) have a Child Care Family License or Residential Certificate.

Rationale / Explanation

There are many reasons for regulating the number of children in care. Providers must be able to actively supervise children, ensure children's safety, and meet their needs. Maintaining a smaller group size allows older children to have needed adult support and guidance while encouraging independent, self-initiated play and other activities. CFOC 3 ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5

Caring for too many children increases the possibility of stress and may result in the loss of self-control. CFOC 3 ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5

Compliance Guideline(s)

Step-siblings and half-siblings are considered siblings.

Violation Risk

High

Requirement

(2) When care is in the home of the child(ren) in care, only the child(ren) living in the home can be in care, and:

- (a) When the children in care are all siblings and there are no other children in care, there is no limit to the number of children in care.
- (b) When there are children in care who are not siblings, the provider must ensure there are no more than 8 children in care and no more than 2 of those children are younger than 2 years old.

Rationale / Explanation

There are many reasons for regulating the number of children in care. Providers must be able to actively supervise children, ensure children's safety, and meet their needs. Maintaining a smaller group size allows older children to have needed adult support and guidance while encouraging independent, self-initiated play and other activities. CFOC 3 ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5

Caring for too many children increases the possibility of stress and may result in the loss of self-control. CFOC 3 ed. Standards 1.1.1.1. - 1.1.1.2. pp. 3-5

Compliance Guideline(s)

Step-siblings and half-siblings are considered siblings.

Violation Risk

High

30-11 Child Supervision and Security

Requirement

- (1) The provider, not other individuals in the home or outdoor area, must be awake, physically onsite, and actively supervising children in care at all times. Actively supervising children in care means being inside the home when children in care are inside the home, being outside when children in care younger than 5 years old are outside, knowing the number of children in care at all times, and focusing on the children and not on personal interests.

Rationale / Explanation

Supervision of children is essential in the prevention of harm. Parents have an expectation that their children will be supervised when in the care of the provider. To be available for supervision, as well as rescue in an emergency, the provider must be aware of each child at all times. CFOC 3 ed. Standard 2.2.0.1. pp. 64-66

Children like to test their skills and abilities. This is particularly noticeable around playground equipment. Serious injuries can happen if children are left unsupervised. CFOC 3 ed. Standard 2.2.0.1. p. 65

To confirm the safe whereabouts of every child at all times, there should be a system in place where providers regularly account for each child. For example, providers should count children (name to face) at every transition, whenever leaving one area and arriving at another, and when going indoors or outdoors. CFOC 3 ed. Standard 2.2.0.1. pp. 64-66

Young children and those with special needs require the constant and close presence, guidance, and protection of the provider. Children who are engaged in a quiet activity, including those who are napping or resting, still require active supervision.

Compliance Guideline(s)

Actively supervising children requires that the provider:

- knows where each child is at all times.
- visually checks (in person) on all awake and sleeping children who are not within the provider's sight at least every 15 minutes. (The use of video and audio monitoring or mirrors does not replace personally checking on children.)
- is within hearing distance when school-age children are playing outdoors.
- maintains awareness of the entire group of children even when interacting with small groups or individual children.
- is primarily focused on the children even when performing a personal task (such as visiting with another adult, talking on the phone, text messaging, reading, lesson planning, taking a bathroom break, or performing other tasks unrelated to child care). It is a violation, if a personal task, such as texting or talking on a cell phone, interferes with a provider's active supervision of the children.

When supervising the children, the provider may not engage in the following types of activities:

- napping, including when the children are napping
- taking a shower or bath
- leaving the home to pick up the mail or for other reasons unrelated to child care
- performing the tasks of a secondary business (a tax business, a beauty salon, a shop, etc.)

When the children are indoors, the provider may briefly (5 minutes or less) go outside to perform a legitimate child care task. Legitimate child care tasks include:

- taking trash to the outdoors garbage bin
- conducting a quick observation to prevent hazards before children use the outdoor play area
- emptying or filling up a wading pool after or before use
- situating non-stationary play equipment before children use it

When children are outdoors:

- The provider must be outdoors and positioned in a place where they are able to see each child.
- When children younger than 5 years old are in the outdoor area, the provider may leave them outside and go inside for only two reasons:
 - to help a child use the bathroom if needed, and
 - to administer first aid to an injured child.

30-11 Child Supervision and Security (continued)

Leaving the children unsupervised for one of these reasons is allowed only when:

- The provider takes the children who are younger than 2 years old inside with them; and
- The children are not left outside for longer than 5 minutes.
- The provider is out of compliance when children younger than 5 years old are left unsupervised outside while the provider answers the door (even for licensing staff).
- Children age three or older may be sent indoors, one at a time and without the provider, to use the bathroom.

Violation Risk

High

Requirement

- (2) The provider, not other individuals in the home or outdoor area, must supervise sleeping infants by:
- (a) having the infants sleep in a location where they are within sight and hearing of the provider or
 - (b) an in-person observation of the sleeping infants at least once every 15 minutes.

Rationale / Explanation

Generally, infants do not require a dark and quiet place for sleep, and are able to sleep in places with light and noise. Placing infants within the sight and hearing of the provider is best practice in monitoring sleeping infants, and allows for a safer and faster evacuation in case of an emergency. If the provider cannot remain in the same room with sleeping infants, then they must do visual checks every fifteen minutes. The provider must be able to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing. CFOC 3rd ed. Standard 1.1.1.1. p.3; Standard 3.1.4.1. pp.96-98 Because infants are at increased risk for dying from SIDS while in child care and because providers are liable for their actions, they must err on the side of caution and must provide the safest sleep environment for the infants in their care. CFOC 3rd ed. Standard 3.1.4.1. p.97

Compliance Guideline(s)

When checking on a sleeping infant, the provider must:

- ensure the infant is breathing.
- remove and/or correct any potential hazards to ensure the child's safety, such as adjusting a blanket from covering an infant's head.

The provider may use an enclosed porta-crib if the porta-crib window and top remain open so that the child can be visually checked on.

Violation Risk

High

Requirement

- (3) When a wading pool is used by children in care, the provider, not other individuals in the home or outdoor area, must be at the pool supervising the children in care whenever there is water in the pool.

Rationale / Explanation

According to the National Safety Council, drowning is the leading cause of injury-related death in children 1 to 4 years old, and is the second leading cause of injury-related death for 5- to-14-year-olds. Drowning can be quick and quiet when it occurs. In a comprehensive CPSC study, it was found that most drowning victims were out of sight for only 5 minutes or less, and splashing did not occur to alert anyone that the child was in trouble. Constant vigilant supervision of children near any body of water is essential. CFOC 3rd ed. Standards 2.2.0.4.-2.2.0.5. pp.68-69

Providers should check with their local health departments before allowing children to use wading pools.

Compliance Guideline(s)

Supervising at a pool means the provider is close enough to see the entire bottom of the pool.

Violation Risk

High

30-11 Child Supervision and Security (continued)

Requirement

- (4) When there is a swimming pool that is not emptied after each use on the premises, the provider, not other individuals in the home or outdoor area, must be at the pool supervising children in care whenever they are using the pool or have access to the pool.

Rationale / Explanation

Drowning accounts for the highest rate of unintentional injury-related death in children younger than 5 years old. Most children drown within a few feet of safety and in the presence of a supervising adult. It is essential that any pool not emptied after use be inaccessible to children. CFOC 3 ed. Standards 6.3.1.1. - 6.3.4.1. pp. 278-283

Compliance Guideline(s)

Supervising at a pool means the provider is close enough to see the entire bottom of the pool.

Violation Risk

High

Requirement

- (5) When there is a trampoline on the premises, the provider, not other individuals in the home or outdoor area, must be next to the trampoline supervising the children in care whenever the children in care are on the trampoline.

Rationale / Explanation

Trampolines pose serious safety hazards. The CPSC estimates that in 2014 there were 104,694 injuries associated with trampolines that were treated in hospital emergency rooms. They are also aware of a total of 22 deaths between 2000 and 2009. The hazards that result in injuries and deaths include:

- falling or jumping off the trampoline.
- falling on the trampoline springs or frame.
- colliding with another person on the trampoline.
- landing improperly while jumping or doing stunts on the trampoline.

The American Society for Testing and Materials (ASTM), which conducts product safety testing, has issued the following warnings for trampoline use:

- Do not attempt or allow somersaults on the trampoline. Landing on the head or neck can cause serious injury, paralysis, or death, even when landing in the middle of the bed. ASTM F 381, 7.5.1.1
- Do not allow more than one person on the trampoline. Use by more than one person at the same time can result in serious injury. ASTM F 381, 7.5.1.2
- Allow trampoline use only with mature, knowledgeable supervision. ASTM F 381, 7.5.1.3
- Trampolines over 20 inches tall are not recommended for use by children under 6 years of age. ASTM F 381, 7.5.1.4
- Inspect the trampoline before each use. Make sure the frame padding is correctly and securely positioned. Replace any worn, defective, or missing parts. ASTM F 381, 7.5.1.5

Compliance Guideline(s)

This includes above-ground trampolines and built into the ground trampolines.

Supervising at a trampoline means the provider is standing close enough to be able to reach out and touch the trampoline.

Violation Risk

High

30-11 Child Supervision and Security (continued)

Requirement

- (6) To maintain the security and supervision of the children in care, the provider must ensure that each child in care is signed in and signed out each day. The provider must ensure those attendance records are kept for at least three years and are available for review by Child Care Licensing staff.

Rationale / Explanation

Keeping accurate records of arrivals and departures is critical in establishing which children are in care at any given time including during an emergency. Knowing the number of children present also helps in making sure there are no missing children, maintaining the number of children allowed in care, tracking the child care reimbursement that is owed, and provides documentation in the event of child abuse allegations or legal action involving the provider. CFCO 3 ed. Standard 9.2.4.10. pp. 372-373

Compliance Guideline(s)

Providers can have hard-copy or electronic records available for review.

Violation Risk

Moderate when there is no documentation

Low when there is documentation but it is not available for review

30-12 Child Guidance and Interaction

General Information

Suspected child abuse or neglect is to be reported to the Division of Child and Family Services (DCFS) Hotline 1-855-323-3237.

Requirement

(1) The provider must ensure children in care are not subjected to physical, emotional, or sexual abuse while in care.

Rationale / Explanation

Providers should have a policy and procedure to identify and prevent physical, emotional, and sexual abuse from occurring while a child is in care and receive training on preventing abuse. CFOC 3rd ed. Standard 3.4.4.3. p.125

Physical and emotional abuse may occur when the provider is under high stress. Too much stress can affect the quality of the care that the adult is able to give. For this reason, it is important for providers to have ways of taking breaks and seeking assistance when they cannot continue to provide safe care. CFOC 3rd ed. Standard 1.7.0.5. p.42

Violation Risk

High

Requirement

(2) The provider must follow the reporting requirements for the witnessing or suspicion of abuse, neglect, and exploitation found in Section 62A-4a-403 and 62A of the Utah Code.

Rationale / Explanation

The reporting of suspected child abuse or neglect is required by Utah law. Suspected abuse and neglect must be reported to law enforcement or Child Protective Services by the person who witnesses or suspects the abuse. CFOC 3rd ed.

Standard 3.4.4.1. pp.123-124

For more information about preventing abuse and neglect, refer to:

- <https://pcautah.org/> (Prevent Child Abuse Utah)
- <https://preventchildabuse.org/> (Prevent Child Abuse America)

Compliance Guideline(s)

A person only needs to have reason to believe abuse has occurred. If witnessed or suspected, it should be directly reported to the Division of Child and Family Services (DCFS) hotline at 1-855-323-3237 or law enforcement.

Violation Risk

High

Requirement

(3) The provider must not do any of the following to children in care:

- (a) use any form of corporal punishment that produces pain or discomfort such as hitting, spanking, shaking, biting, or pinching.

Rationale / Explanation

Corporal punishment may be physically and emotionally abusive, or may easily become abusive. Physical abuse is prohibited by law, including when disciplining children. Research has found that corporal punishment has limited effectiveness and potentially harmful side effects. There is a link between corporal punishment, such as spanking and hitting, with negative effects such as later aggression, antisocial behavior, and learning impairments. CFOC 3rd ed.

Standard 2.2.0.9. pp.75-76

Compliance Guideline(s)

Noncompliance to this requirement includes jerking, pulling, lifting or swinging a child by the arm(s) which can cause a partial dislocation of the elbow, also referred to as nursemaid's elbow.

Corporal punishment also includes squirting a child with water or putting hot sauce or soap in a child's mouth.

Violation Risk

High

30-12 Child Guidance and Interaction (continued)

Requirement

- (3) The provider must not do any of the following to children in care:
- (b) restrain their movement by binding, tying, or other form of restraint.

Rationale / Explanation

A child could be harmed if not restrained properly. No bonds, ties, blankets, straps, car seats, or heavy weights (such as adult sitting on a child) should be used. CFOC 3rd ed. Standard 2.2.0.10. p.76

Compliance Guideline(s)

Placing a child in a harness or leash is considered restraining a child's movements.

Swaddling a child will not be considered restraining a child's movement.

Covering a child's hand with a sock, as long as movement of the child's arm and hand is not restricted, is not considered restraining a child's movement.

Violation Risk

High

Requirement

- (3) The provider must not do any of the following to children in care:
- (c) shout at them.

Rationale / Explanation

The child care program should strongly encourage all staff members to model healthy and safe behaviors and attitudes in their interactions with children. Modeling is an effective way of confirming that a behavior is one to be imitated. Brief verbal expressions of disapproval help children use reasoning. Shouting at children or others is not an effective communication tool and can be emotionally abusive. CFOC 3rd ed. Standard 2.2.0.9. p.75; Standard 2.4.1.2. p.82

Compliance Guideline(s)

The provider can shout to a child in an emergency situation where there is a danger of imminent serious physical harm, such as to prevent a child from running into the street.

Violation Risk

High

Requirement

- (3) The provider must not do any of the following to children in care:
- (d) inflict any form of emotional abuse.

Rationale / Explanation

Emotional abuse includes threatening, intimidating, humiliating, demeaning, criticizing, rejecting, using profane language, and/or using inappropriate physical restraint and is prohibited in child care programs. These actions are considered psychologically and emotionally harmful. CFOC 3rd ed. Standard 2.2.0.9. pp.75-76

While speaking to children relays information and facts, the social and emotional communication and the atmosphere of the exchange are equally important. Profanity should not be used at any time in a child care setting. CFOC 3rd ed. Standard 2.1.1.9. p.56

Compliance Guideline(s)

A provider's use of profanity in the presence of children is considered emotional abuse.

Using humiliation, such as putting an older child in a highchair or crib to make the child look like a "baby", is considered emotional abuse.

Isolating children who are in emotional distress behind a gate or door away from the provider and the rest of the children is considered emotional abuse.

Violation Risk

High

30-12 Child Guidance and Interaction (continued)

Requirement

(3) The provider must not do any of the following to children in care:

(e) force or withhold food, rest, or toileting.

Rationale / Explanation

When adults use food to modify behavior, children can come to view eating as a tug-of-war and are more likely to develop lasting food dislikes and unhealthy eating behaviors. The forcing or withholding of rest and toileting is also harmful and is prohibited. CFOC 3rd ed. Standard 4.5.0.11. p.182

Compliance Guideline(s)

Not offering dessert to children who do not finish their food is not considered withholding food.

Violation Risk

High

Requirement

(3) The provider must not do any of the following to children in care:

(f) confine them in a closet, locked room, or other enclosure such as a box, cupboard, or cage.

Rationale / Explanation

No child of any age should be confined in an enclosure or a locked room. This includes placing a child in an enclosure or isolation for time-out. Confining a child in this way is an unsafe practice and emotionally harmful to the child.

It is best practice to use time-out infrequently and only for children who are at least two years old. The American Academy of Pediatrics and the American Public Health Association recommend these guidelines when using time-out:

- Time-outs should only be used for behaviors that are persistent and unacceptable.
- The provider should explain to the child how time-out works BEFORE it is used.
- When placing the child in time-out, the provider should stay calm.
- While the child is in time-out, the provider should not interact with the child, but should always keep the child in sight.
- Time-outs do not need to be long. The provider could use one minute of time-out for each year of the child's age.
- The provider should end the time-out on a positive note and allow the child to feel good again. CFOC 3rd ed. Standard 2.2.0.6. p.71

Compliance Guideline(s)

A child may not be put in an enclosure for time out purposes. This is considered confining a child.

Violation Risk

High

30-13 Child Safety and Injury Prevention

Requirement

- (1) When there are firearms on the premises, the provider must ensure the firearms are not loaded and are in a cabinet, safe, or area that is locked with a key, combination, or fingerprint lock, unless their use is in accordance with the Utah Concealed Weapons Act or as otherwise allowed by law.

Rationale / Explanation

Approximately 20,000 children are taken to emergency departments for firearm-related injuries every year and the majority of these injuries are accidental. Younger children are more likely to be unintentionally injured, and the majority of these accidental shootings occur in the home. It is critical that firearms be properly locked. "Pediatric Firearm-Related Injuries in the United States" (Parikh K, et al. Hosp Pediatr. May 23, 2017)

Compliance Guideline(s)

Firearms must be stored unloaded. When the area is locked, ammunition may be stored in the same area as the firearm. When a gun that cannot be fired is used as decoration and is not in a locked cabinet, safe, or area, the provider needs documentation from a gunsmith that the gun cannot be fired.

A trigger lock or a lock that is controlled by swiping an app, is not a substitute for a key, combination, or fingerprint lock.

When a firearm is stored in a vehicle that is not used to transport children, the vehicle must be locked.

When a firearm is stored in a vehicle that is used to transport children, the firearm must be locked with a key, combination lock, or fingerprint lock within the vehicle.

Violation Risk(s)

Moderate when a firearm with a trigger lock is accessible

High otherwise

Requirement

- (2) The provider must ensure empty refrigerators and freezers are inaccessible to children in care.

Rationale / Explanation

Children can suffocate in empty refrigerators and freezers.

Violation Risk

High

Requirement

- (3) The provider must ensure exposed live electrical wires are inaccessible to children in care.

Rationale / Explanation

Preventing children from touching electrical wires or placing objects or fingers into exposed electrical outlets prevents electrical shock, electrical burns, and potential fires. Oral injuries can also occur when young children insert a metal object into an outlet and try to use their teeth to extract the object. The combination of electricity and mouth moisture closes the electrical circuit, and can lead to serious lifelong injuries. CFCO 3rd ed. Standard 5.2.4.2. p.219

Compliance Guideline(s)

Live electrical wires are those with exposed metal. They will be treated as if electrical current is running through them and will not be tested to determine compliance.

Violation Risk

High

30-13 Child Safety and Injury Prevention (continued)

Requirement

- (4) The provider must ensure portable space heaters, fireplaces, and wood burning stoves, when in use, are inaccessible to children in care.

Rationale / Explanation

Portable space heaters, fireplaces, and wood burning stoves are all hot enough to burn children when in use. They can also start fires when heating elements, flames, or hot surfaces are too close to flammable materials, including children's clothing. In addition, fireplaces and wood burning stoves can be sources of toxic products of combustion. CFOC 3 ed. Standards 5.2.1.11.- 5.2.1.13. pp. 215-216

Compliance Guideline(s)

A space heater is any heater that can be moved and is not permanently installed into the wall. This includes convection heaters, infrared heaters, patio heaters, and space heaters that are manufactured to look like fireplaces.

This requirement applies to all types of fireplaces including electric, gas, and infrared.

Space heaters, wood burning stoves, and fireplaces of any type are allowed when:

- They are not used while children are in care.
- They are inaccessible to children. (A baby gate makes a piece of heating equipment inaccessible when the gate is attached to the wall on both sides and is at least 36 inches away from all sides of the heating equipment.)
- The provider has documentation from the manufacturer that the piece of heating equipment is safe for children to touch.

Violation Risks

High for accessible wood burning stoves or fireplaces

Moderate for accessible portable space heaters

Requirement

- (5) The provider must ensure toxic substances are inaccessible to children in care.

Rationale / Explanation

There are more than 2 million poison exposures reported to poison control centers every year. Young children account for over half of those potential poisonings. The substances most commonly involved in poison exposures of children are cosmetics and personal care products, cleaning substances, and medications. Chemical products must be inaccessible to children. CFOC 3rd ed. Standard 5.2.9.1. pp.228-229

Flammable materials such as chemicals and cleaners should be stored in an area inaccessible to children. They account for the majority of burns to the head and face of children, and are also involved in unintentional ingestion by children. CFOC 3 ed. Standard 5.5.0.5. p. 256.

Children must be protected from exposure to toxic products including insecticides and pesticides. To prevent contamination and poisoning, providers must be sure that chemicals are used and applied by individuals who fully understand how to avoid risk to children. These substances should be used only in a manner that will not contaminate play surfaces, food, or food preparation areas. CFOC 3rd ed. Standard 5.2.8.1 pp.226-227

Rubbing alcohol looks like water. Only small amounts are poisonous to children. It is also poisonous to adults, who sometimes substitute rubbing alcohol for drinking alcohol. Rubbing alcohol can also be toxic when inhaled. It should be used in a well-ventilated area. In addition, because it is flammable, it should always be kept away from open flame. (taken from www.poison.org)

30-13 Child Safety and Injury Prevention (continued)

Compliance Guideline(s)

Toiletries (products used to clean and/or groom one's body, including hair dye) will not be considered chemicals or cleaners. This includes hand sanitizers, even those containing alcohol.

Aerosol cans that contain flammable substances must be inaccessible.

Nail polish remover, and contact lens cleaner solutions will be considered chemicals and have to be made inaccessible to children.

Dish soap and laundry detergent are cleaners and must be inaccessible to children.

Disinfecting wipes or another sanitizing solution that is accessible to a child on a changing table will not be considered out of compliance as long as it is inaccessible to all children who are not being changed.

Gasoline and other similar products enclosed in a vehicle or equipment, such as a lawn mower, are not considered accessible.

Paint or another substance in a sealed can is considered inaccessible if the lid is securely attached and can only be opened with a tool.

A cleaner that is attached to the inside of a toilet bowl is not considered accessible.

Violation Risk

Moderate

Requirement

(6) The provider must ensure poisonous plants are inaccessible to children in care.

Rationale / Explanation

Plants are among the most common household substances that children ingest. Some plants are poisonous when eaten and others are harmful even when touched. For some plants, all parts of the plant are poisonous. For others, only certain parts of the plant are harmful. The danger can range from mild irritation to severe illness or death. Determining the toxicity of every commercially available household plant is difficult. A more reasonable approach is to keep any unknown plant out of the environment that children use. CFC 3rd ed. Standard 5.2.9.10. p.234

For an illustrated list of poisonous plants, refer to:

<https://www.poison.org/articles/plant#poisonousplants>

For a list of poisonous plants native to Utah, refer to the Utah Poison Control Center at

<https://poisoncontrol.utah.edu/plants/listNativePlants.html>

Compliance Guideline(s)

Poisonous plants include poison ivy, poison oak, stinging nettle, mushrooms, toadstools, jimson weed, castor bean, puncture weeds, thistles, and oleander.

Violation Risk

Moderate

30-13 Child Safety and Injury Prevention (continued)

Requirement

(7) The provider must ensure open flames are inaccessible to children in care.

Rationale / Explanation

Children are at risk of burns from open flames. Fires may also be accidentally started by open flames, such as a burning candle, flare, or lantern. CFOC 3 ed. Standard 5.5.0.6. p. 257

Compliance Guideline(s)

Candles on a birthday cake or cupcake may be used as long as an adult is in constant arm's reach of the lit candles until the candles are blown out.

A fireplace pilot light will not be considered a violation.

Violation Risk

High

Requirement

(8) The provider must ensure open containers of alcohol are inaccessible to children in care.

Rationale / Explanation

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of alcohol an absolute requirement in child care programs. CFOC, 3rd Ed. pp.118-119 Standard 3.4.1.1, pg.363 Standard 9.2.3.15

Compliance Guideline(s)

Alcohol that has been opened but is corked/capped is considered inaccessible.

Open bottles of alcohol and alcohol that is being served or consumed is prohibited when a child is in care.

Violation Risk

High

Requirement

(9) The provider must ensure illegal substances are inaccessible to children in care.

Rationale / Explanation

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of illegal substances an absolute requirement in child care programs. CFOC, 3rd Ed. pp.118-119 Standard 3.4.1.1, p.363 Standard 9.2.3.15

Violation Risk

High

Requirement

(10) The provider must ensure children in care are protected from unintended access to pools that are not emptied after each use.

Rationale / Explanation

According to the National Safety Council, drowning is the leading cause of injury-related death in children 1 to 4 years old, and is the second leading cause of injury-related death for 5- to-14-year-olds. Drowning can be quick and quiet when it occurs. In a comprehensive CPSC study, it was found that most drowning victims were out of sight for only 5 minutes or less, and splashing did not occur to alert anyone that the child was in trouble. Constant vigilant supervision of children near any body of water is essential. CFOC 3rd ed. Standards 2.2.0.4.-2.2.0.5. pp.68-69

Compliance Guideline(s)

Pools can be fenced or barricaded to prevent access by children.

Providers must always have children in their sight when there is an accessible pool in the area.

Violation Risk

High

30-13 Child Safety and Injury Prevention (continued)

Requirement

(11) The provider must ensure children in care are protected from unintended access to hot tubs with water in them.

Rationale / Explanation

Any body of water, including hot tubs, presents a drowning risk to young children. Toddlers and infants are particularly susceptible to overheating. Areas should be secured to prevent any access by children. CFOC 3 ed. Standard 6.3.5.1. p. 283

Compliance Guideline(s)

This requirement only applies to tubs with water in them. However, it should be noted that empty tubs with unsafe or unlocked covers can also be dangerous since children can get trapped in them.

Hot tubs can be locked, fenced, or barricaded to prevent access by children.

Providers must always have children in their sight when there is an accessible hot tub in the area.

Violation Risk

High

Requirement

(12) The provider must ensure children in care are protected from unintended access to water hazards such as ponds, streams and fountains with more than 2 inches of water in them.

Rationale / Explanation

Most children drown within a few feet of safety, and drowning is one of the leading causes of unintentional injury to children under 5 years of age. CFOC, 3rd Ed. p.7 Standard 1.1.1.5, p.267 Standard 6.1.0.6, p.278 Standard 6.3.1.1, p.280 Standards 6.3.1.6, 6.3.1.7

Compliance Guideline(s)

Water hazards can be locked, fenced, or barricaded to prevent access by children.

Providers must always have children in their sight when there is an accessible water hazard in the area.

Violation Risk

High

Requirement

(13) The provider must ensure children in care are protected from unintended access to vehicular traffic.

Rationale / Explanation

Providers must take precautions to help prevent children from being hit by moving vehicles. Children can quickly dart into roads and/or across parking lots and drivers may not be able to stop their vehicle in time to avoid hitting them.

Compliance Guideline(s)

When possible, the outdoor area for the children should be fenced. Outdoor areas without fences should not face the street.

When walking on a sidewalk, on the side of a street, and/or through a parking lot, the provider should be able to see all children and hold the hands of younger children.

When having children cross streets, providers should use crosswalks and obey traffic light signals.

When parked on a street, providers should have children exit and enter vehicles using the doors that don't open into the street.

Violation Risk

High

30-14 Emergency Preparedness and Response

Requirement

- (1) The provider must have current Red Cross, American Heart Association, or equivalent certification in pediatric First Aid CPR. The provider must ensure the CPR class included hands-on testing.

Rationale / Explanation

Someone who is qualified to respond to emergencies must be present at all times when any child is in care, including during transportation and offsite activities. Injuries are more likely to occur when a child's surroundings or routine changes, so activities outside the home may pose increased risk for injury. A person trained in first aid and CPR can lessen the severity of injury and reduce the potential for death from life-threatening conditions. Having these emergency skills, and the confidence to use them, are critically important to the outcome of an emergency situation. CFOC 3rd ed. Standards 1.4.3.1-1.4.3.2. pp.24-25

Compliance Guideline(s)

The expiration date on the First Aid card determines whether the certification is current. When there is no expiration date, the certification will be considered current when the issue date is less than a year old.

Any First Aid certification is considered equivalent to the Red Cross or American Heart Association.

The expiration date on the CPR card determines whether the certification is current. When there is no expiration date, the certification will be considered current when the issue date is less than a year old.

Current certification for RNs, LPNs, or First Responders will be accepted.

Due to differences in training courses, a CNA certificate is not an approved CPR certification.

Training that includes basic life support (BLS) meets this requirement. (The card or certificate may not have the words "infant and child" written on them.)

Online CPR training does not meet the requirement of this requirement unless there is a hands-on training component in addition to the online part of the training.

Because it does not have hands-on testing, certification from the National CPR Foundation will not be accepted.

Violation Risk

Moderate

Requirement

- (2) The provider must have documentation of current First Aid and CPR certifications and have the documentation available for review by Child Care Licensing staff.

Rationale / Explanation

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

Compliance Guideline(s)

Providers can have hard-copy or electronic documentation available for review.

Violation Risk

Low

30-14 Emergency Preparedness and Response (continued)

Requirement

- (3) The provider must have and follow, when needed, a written Emergency Preparedness, Response, and Recovery Plan that is reviewed annually and updated when needed. The provider must ensure the plan is available for review by Child Care Licensing staff and includes procedures for at least:
- (a) shelter in place,
 - (b) lockdown,
 - (c) evacuation and relocation,
 - (d) communication with parents and reunification of families,
 - (e) continuity of operations, and
 - (f) accommodating infants and toddlers, children with disabilities, and children with chronic medical conditions during emergencies.

Rationale / Explanation

Emergency situations are not conducive to calm and composed thinking. Developing a written plan and reviewing it often provides the opportunity to prepare and to prevent poor decisions made under the stress of an emergency. CFOC 3rd ed. Standard 9.2.4. pp. 364; CFOC 3 ed. Rd Standard 9.2.4.3. pp. 366-368.

In an emergency situation, it is crucial that there be a clearly designated line of authority, and that the person in charge carries out the emergency plan as written and practiced.

Compliance Guidelines

The plan has to include at least the procedures listed in the requirement and its contents are the responsibility of the provider.

Violation Risk

Moderate

Requirement

- (4) The provider must conduct fire evacuation drills at least quarterly.
- Conducting regular emergency and evacuation drills is an important safety practice. It helps adults and children understand necessary procedures and respond in a calm way in case of an actual emergency. It is necessary the provider practices how to care for and evacuate all children including nonmobile infants and children with physical or intellectual challenges. CFOC 3 ed. Standard 9.2.4.5. pp. 370-37

Compliance Guideline(s)

Conducting drills quarterly means that an evacuation drill is conducted 4 times a year, at least once in each 3-month period of the licensing or calendar year.

A fire evacuation drill needs to be conducted some time during the quarter (the 3-month period) and drills do not need to be held exactly three months apart.

An evacuation due to an actual emergency situation may count as one of the quarterly fire drills as long as it is documented.

Violation Risk

Moderate

Requirement

- (5) The provider must document the date and time of each fire evacuation drill and ensure the documentation is available for review by Child Care Licensing staff.

Rationale / Explanation

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

Compliance Guideline(s)

Providers can have hard-copy or electronic documentation available for review.

Violation Risk

Low

30-14 Emergency Preparedness and Response (continued)

Requirement

(6) The provider must conduct disaster (other than fire) drills at least yearly.

Rationale / Explanation

Providers should consider how to prepare for and respond to different emergency or natural disaster situations and develop written plans accordingly. All programs should have procedures in place to address natural disasters that are relevant to their location (such as earthquakes, tornados, flash floods, or storms) and disasters that could occur in any location including acts of violence, exposure to hazardous agents, a missing child, power outage, and other situations that may require evacuation, lock-down, or shelter-in-place. CFOC 3 ed. Standard 9.2.4.3. p. 366

Compliance Guideline(s)

Yearly means the drill must be conducted one time during the approval year.

An evacuation due to an actual emergency situation may count as one of the fire drills or the disaster drill as long as it is documented.

The provider may hold a separate fire and disaster drill on the same day, but they may not hold one drill and count it as both a fire drill and a disaster drill.

Violation Risk

Moderate

Requirement

(7) The provider must document the date and time of each disaster drill and ensure the documentation is available for review by Child Care Licensing staff.

Rationale / Explanation

Having documentation available for review by CCL staff allows assessment of compliance with requirements.

Compliance Guideline(s)

Providers can have hard-copy or electronic documentation available for review.

Violation Risk

Low

Requirement

(8) In an unforeseen emergency and for up to 24 hours, the provider may use an emergency provider for the children in care. The emergency provider must be at least 18 years old and cannot have a felony or misdemeanor conviction or substantiated case of abuse or neglect.

Rationale / Explanation

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care of a provider. CFOC 3rd Ed. pp.64-66 Standard 2.2.0.1

Violation Risk

Moderate

Requirement

(9) In the case of a life threatening incident or injury or an incident or injury that poses a threat of the loss of vision, hearing, or a limb, the provider must contact emergency personnel immediately and before contacting the parent.

Rationale / Explanation

A delay in contacting emergency personnel in the case of a life-threatening injury could result in permanent disability or death. This is the reason emergency personnel must be contacted before anyone else when a child has a potentially life-threatening or disabling injury. CFOC 3 ed. Appendix P. p. 458

Violation Risk

High

30-14 Emergency Preparedness and Response (continued)

Requirement

(10) Within 24 hours of its occurrence, the provider must notify Child Care Licensing staff of any fatality, hospitalization, emergency medical response, or injury that requires attention from a health care provider, unless the medical treatment was part of the child's medical treatment plan. The provider must submit documentation of the incident to Child Care Licensing staff within five working days of the incident.

Rationale / Explanation

The Department can work with providers to correct unsafe or unhealthy conditions and to prevent future or additional harm to children. CFOC, 3rd Ed. p.383 Standard 9.4.1.10

Compliance Guideline(s)

Receiving medical attention means the child is seen (either in person or online) by a health care professional or is assisted by any emergency personnel (police, ambulance, fire department, or EMS).

The provider may call CCL within 24 hours of a child's injury that required medical treatment, and then submit a report within 5 business days; or in place of the call, the provider may notify CCL within 24 hours by emailing, faxing, or submitting the accident report through the provider's Child Care Licensing portal.

Occasionally, the provider may not know that a child who was injured while in care received medical attention. For example, a parent may have taken their child to the doctor after they left the home, and the provider did not find out until a day or two after the injury occurred. In this case, after being informed that the child received medical attention, the provider must report the incident by the end of CCL's next business day.

CCL notification is to be through the CCL Portal.

Violation Risks

High for not reporting a fatality

Low otherwise

30-15 Health and Infection Control

Requirement

(1) The provider must ensure there is a clean and sanitary environment for the children in care.

Rationale / Explanation

Few young children practice good hygiene. Messy play is developmentally appropriate in all age groups, and especially among very young children, the same group that is most susceptible to infectious disease. These factors lead to soiling and contamination of equipment, furnishings, toys, and play materials. To avoid transmission of disease, the building, grounds, and materials must be cleaned and sanitized on a regular basis. CFOC 3rd ed. Standard 5.3.1.4. p.239

Young children sneeze, cough, drool, use diapers and are learning to use the toilet. They hug, kiss, and touch everything and put objects in their mouths. Illnesses may be spread in a variety of ways, such as by coughing, sneezing, direct skin-to-skin contact, or touching a contaminated object or surface. Respiratory tract secretions that can contain viruses (including respiratory syncytial virus and rhinovirus) contaminate environmental surfaces and may present an opportunity for infection by contact. CFOC, 3rd Ed. pp.116-117 Standard 3.3.0.1

Developing a cleaning schedule helps to ensure that the home is properly cleaned on a regular basis. CFOC, 3rd Ed. p.260 Standard 5.7.0.5

It is also important to keep all areas and equipment used for the storage, preparation, and service of food clean and sanitary. Outbreaks of food borne illness have occurred in child care settings. Many of these can be prevented through appropriate sanitation methods. CFOC, 3rd Ed. p.93 Standard 4.9.0.9

It is recommended that sponges not be used for cleaning and sanitizing. This is because sponges harbor bacteria and it is difficult to completely clean and sanitize in between cleaning surface areas with sponges. CFOC, 3rd Ed. p.193 Standard 4.9.0.9

Cracked or porous surfaces cannot be kept clean and sanitary because they trap organic materials in which microorganisms can grow. Repairs with duct tape and other similar materials add surfaces that also trap organic materials. CFOC, 3rd Ed. p.186 Standard 4.8.0.3; pp.240-241 Standard 5.3.1.6

Compliance Guideline(s)

An unsanitary environment has a chronic buildup of dirt, soil, food, etc. over time where disease-causing bacteria can grow, not when there is a mess from an activity done that day.

Violation Risks

Moderate when there is:

- rotting food or a buildup of food on a surface
- a slippery spill on a floor
- mold growing
- a visible buildup of dirt, soil, grime, etc.
- a buildup of cobwebs, bugs, or carpets in need of cleaning and there is a child with asthma or another known respiratory condition in care
- feces in an accessible indoor area

Low when there is:

- a buildup of cobwebs, bugs, or carpets in need of cleaning and there is no child with asthma or another known respiratory condition in care
- flooring or a wall that is damaged and cannot be effectively cleaned

30-15 Health and Infection Control (continued)

Requirement

- (2) To prevent and control infectious diseases, the provider and children in care must wash their hands thoroughly with liquid soap and warm running water:
- (a) before handling and/or preparing food;
 - (b) before serving and/or eating meals and snacks;
 - (c) after using the toilet;
 - (d) before administering and/or taking medication;
 - (e) after coming into contact with body fluids (blood, urine, feces, vomit, mucus, and saliva);
 - (f) after playing with or handling animals; and
 - (g) after cleaning and/or taking out garbage.

Rationale / Explanation

Handwashing is the most important way to reduce the spread of infection. Many studies have shown that unwashed or improperly washed hands are the primary carriers of infection. Deficiencies in handwashing have contributed to many outbreaks of diarrhea and other illnesses among children and providers. CFOC 3 ed. Standard 3.2.2.1. pp. 110-111
Since many infected people carry communicable diseases without having symptoms and many are contagious before they experience a symptom, staff members need to protect both themselves and children by following good hygiene practices on a routine basis. CFOC 3 ed. Standard 3.2.2.1. pp. 110-111

According to the Centers for Disease Control and Prevention (CDC), handwashing helps prevent diarrhea and pneumonia, two of the leading causes of death in children around the world. Heavy amounts of diarrhea or intestinal parasites in young children have been linked to delays in development. However, proper handwashing before meals and after going to the toilet can lower exposure to germs. This can lessen illness and chronic inflammation – leading to better nutrition, more energy for growth and development, and better school attendance. In a CDC study, children who were taught about and practiced handwashing as part of their daily routine reached developmental milestones six months earlier and scored better in five areas of development than those children who did not practice regular handwashing. “Improving Child Development: A New CDC Handwashing Study Shows Promising Results.” CDC, 4 May 2015,

www.cdc.gov/healthywater/hygiene/programs/child-development.html.

Washing hands before and after eating is especially important for children who eat with their hands. Good handwashing after playing in sandboxes will help prevent the ingestion of parasites that can be present in contaminated sand and soil. CFOC, 3rd Ed. pgs. 100-111 Standard 3.2.2.1.

Compliance Guideline(s)

When there is no visible dirt, grime, or body fluid on their hands, providers and children may use a hand sanitizer instead of soap and water only in the following situations:

- when coming in from outdoors
- when a snack is handed directly to a distressed child
- when the provider is in the bathroom supervising and does not touch any child or bathroom surface (When the provider has given any hands-on help, such as lifting a child on or off the toilet, or turning the water on or off, the provider must wash their hands.)

During evacuation drills, when the children go outside and go right back inside they are not required to wash their hands. When the children are allowed to play outside during and after the drills, they are required to wash their hands.

The provider is not required to wash an infant's hands after a bottle feeding or diaper change unless the infant's hands come in contact with a body fluid. When this is the case, the provider may clean the infant's hands with a baby wipe or soapy washcloth. When a soapy washcloth is used, the cloth must be washed after each use.

Violation Risk

Moderate

30-16 Food and Nutrition

Requirement

(1) The provider must meet the nutritional needs of the children in care.

Rationale / Explanation

Nourishing food is the cornerstone for children's health, growth, and development. The amounts and kinds of food that are served must meet children's nutritional requirements. Following the guidance from CACFP (or a registered dietitian) for meals and snack patterns ensures that the nutritional needs of children are met based on current scientific knowledge.

CFOC 3 ed. Standards 4.2.0.1-4.2.0.3. pp. 152-154

Compliance Guideline(s)

The provider should communicate with the parent and learn the eating habits of the children.

The children should be fed healthy food and should be given meals and/or snacks at least every 4 hours.

Violation Risk

High

Requirement

(2) The provider must have parents inform them of any known food allergies of children in care.

Rationale / Explanation

Food sensitivities and allergies are common in infants and children, and staff should know in advance whether a child has a food sensitivity or allergy. Deaths from food allergies are being reported in increasing numbers. CFOC 3 ed. Standard 4.2.0.10. pp. 160-161; CFOC 3rd ed. Standard 9.4.2. pp. 386-391

Compliance Guideline(s)

Providers must have parents tell them of known allergies and let them know when new allergies are discovered. This can be done verbally, in writing, by text, or in an email.

Providers should but are not required to post children's allergies in their food preparation area.

Violation Risk

High

Requirement

(3) Immediately upon recognizing it, the provider must report to the parent any allergic reaction a child in care has to a particular food.

Rationale / Explanation

A child may have a negative reaction to a particular food. Providers need to avoid additional harm to the child by immediately dealing with an adverse reaction, including by calling emergency personnel if necessary. CFOC 3rd ed. Standard 3.6.3.3. p.143

Compliance Guideline(s)

This can be done verbally, in writing, by text, or by email.

Violation Risk

High

30-17 Medications

Requirement

- (1) The provider must ensure prescription medications, over the counter medications, vitamins, and herbal supplements are inaccessible to children in care.

Rationale / Explanation

An estimated 71,000 children are seen in emergency departments each year because of unintentional medication poisonings. Over 80% of these visits were because a child found and consumed a medication without adult supervision. Ensuring that medications are inaccessible to children is a key in preventing medication poisoning. CFOC 3rd ed. Standard 3.6.3.1. pp.141-142

Some medications, such as eye drops or topical ointments, have a localized effect on the body and do not enter the blood stream. Some medications, such as pills, liquids, and some medicine patches, enter the blood stream and act on a specific organ or system of the body. The effects of a medication depend upon various factors – a person's age, weight, and fluid intake; interactions with food and other substances in the body; and the dosage and strength of the medication. Since children are at higher risk of experiencing adverse effects from being given medication, all medications must be inaccessible when not in use.

Compliance Guideline(s)

A substance (other than food and water) is considered a medication if it is taken into or placed on the body in order to:

- affect how the body functions,
- treat or cure a medical condition,
- relieve pain or symptoms of illness, and/or
- prevent infection, illness, or disease.

When a medication in a first aid kit, the first aid kit must be inaccessible.

Violation Risk

Moderate

Requirement

- (2) The provider must have permission from parents before administering medication to children in care.

Rationale / Explanation

Getting permission prior to administering medication protects both the children and the provider by ensuring that medication is never given to a child without parental knowledge and permission. Dispensing medication to children affects their health and errors may have legal consequences for the provider. CFOC 3 ed. Standard 9.4.2.6. p. 391.

Compliance Guideline(s)

There must be permission from parent for each medication to be given to their child. This applies to both over-the-counter and prescription medications, whether they will be administered one time or on an ongoing basis.

If the same medication will be administered on an ongoing basis, permission is only required once as long as the administration instructions do not change.

Parental permission can be given verbally, in writing, by text, or by email.

Violation Risk

High

30-17 Medications (continued)

Requirement

- (3) Immediately upon recognizing it, the provider must report to the parent any adverse reaction a child in care has to a medication, or any error in the administration of a medication to a child in care.

Rationale / Explanation

Occasionally, a child may have a negative reaction to medication that was given. Providers need to avoid additional harm to the child by immediately dealing with an adverse reaction or an error in administration, including by calling emergency personnel if necessary. CFOC 3rd ed. Standard 3.6.3.3. p.143

Compliance Guideline(s)

This can be done verbally, in writing, by text, or by email.

Violation Risk

High

30-18 Activities

Requirement

(1) The provider must ensure the children in care have enough physical activity.

Rationale / Explanation

All children should participate in play, activities, and games that promote movement over the course of the day, both indoors and outdoors. Infants' and children's participation in physical activity is critical to their overall health, development of motor skills, social skills, and cognitive development. Daily physical activity is an important part of preventing excessive weight gain and childhood obesity. CFOC 3 ed. Standard 3.1.3.1. pp. 90-91

Light physical activity generally includes playing board games, puzzles, drawing, painting, etc.

Moderate physical activity generally includes yoga, indoor exercise, walking, shooting baskets, movement games, etc.

Vigorous physical activity generally includes running, climbing, jumping rope, playing sports, etc.

Compliance Guideline(s)

Providers must be sure children are not sitting for long periods of time and provide daily opportunities for all levels of physical activities.

Providers should limit the amount of screen time for children, especially young children.

Violation Risk

High

Requirement

(2) The provider must ensure parents are aware they:

(a) take children in care off the premises, such as to run errands or go to a park; and/or

(b) allow children in care to leave the premises, such as to go to a neighbor's house or ride their bikes on the street.

Rationale / Explanation

Both children and providers are protected by ensuring that children are never taken off-site without parental awareness.

CFOC, 3rd Ed. p.338 Standard 9.4.2.3

Supervision of children is basic to the prevention of harm. Parents have an expectation that their children will be supervised when in the care, and that the provider will not allow their child to go off site without the parent's knowledge. CFOC, 3rd Ed. pp.64-66 Standard 2.2.0.1

Compliance Guideline(s)

Parents must be made aware of the days and times when children will be taken off-site.

Parental awareness is not needed for spontaneous walking field trips when the children are away from the home for no more than 60 minutes and are within ½ mile of the home.

Violation Risk

Low

30-19 Play Equipment

Requirement

- (1) The provider must ensure stationary play equipment accessible to children in care is not over hard surfaces such as cement or asphalt.

Rationale / Explanation

This requirement is based on guidelines from the Consumer Product Safety Commission, which are designed to prevent serious head injuries or other life threatening injuries to children. CFOC, 3rd Ed. pg. 272 Standard 6.2.2.1

Improper cushioning material under playground equipment is the leading cause of playground related injuries. Over 70% of all accidents on playgrounds are from children falling. Hard surfaces such as concrete, blacktop, or packed earth are not acceptable under most play equipment. A fall onto one of these hard surfaces could be life threatening. CFOC, 3rd Ed. pp.237-238 Standard 5.3.1.1; pp.273-274 Standard 6.2.3.1

Compliance Guideline(s)

This requirement applies to stationary play equipment over 6 inches high.

This requirement does not apply to areas directly under swings and trampolines.

Artificial grass is an acceptable surfacing underneath stationary playground equipment.

Packed dirt and packed sand are considered a hard surfaces. Dirt and sand are packed when they do not displace when walked on.

When wood chips or other cushioning materials are frozen due to extreme weather conditions they will be considered a hard surface.

When a material cannot be loosened due to extreme weather conditions, children are not to play on the equipment until the material can be loosened to the required depth.

Providers can place cushioning mats under playground equipment before children in care use the equipment.

Violation Risk

High

Requirement

- (2) The provider must ensure play equipment is used in a safe manner to prevent injury to children in care.

Rationale / Explanation

Children like to test their skills and abilities. This is particularly true in outdoor play with playground equipment. CFOC, 3rd Ed. p.65 Standard 2.2.0.1

Compliance Guideline(s)

Unsafe use includes walking on slides, going down slides head first, being on top of swing sets, climbing up the outside of covered slides, playing on the roofs of structures, and swinging while standing, twisting, or on stomachs.

Violation Risk

Moderate

30-20 Transportation

Requirement

- (1) While transporting children in care, the provider must ensure that children in care are wearing appropriate individual safety restraints.

Rationale / Explanation

"Safety restraints" refers to seat belts, car seats, and booster seats.

Statistics show that seat belts save lives. Victims that are not properly restrained account for more than one-half of all fatal car accidents. Also, children are likely to be buckled 92% of the time when adults in the car use seat belts, as opposed to 72% of the time when adults are not using them. CFOC 3 ed. Standard 6.5.2.2. pp. 289-291

For a safety restraint to be effective in preventing injury or death in a vehicle accident, the restraint must be age and size appropriate, installed according to manufacturer's instructions, and in working condition.

Child restraint laws vary by state. For up-to-date information on Utah's laws, check with the Insurance Institute for Highway Safety at <https://www.iihs.org/topics/child-safety>

To better understand which safety restraint is appropriate, how to install a car or booster seat, and where to get a car seat safety check, call 1-866-SEAT-CHECK or go to <https://www.nhtsa.gov/equipment/car-seats-and-booster-seats>

Compliance Guideline(s)

Safety restraints (seat belts, car seats, and booster seats) must be securely installed during transportation.

Safety restraints are considered in safe condition and working order when they are not broken, frayed, or torn, and their locks work properly.

Providers must buckle the safety belts for younger children and check to be sure older children buckled their seat belts.

Violation Risk

High

Requirement

- (2) While transporting children in care, the provider must never leave the children in care unattended in the vehicle.

Rationale / Explanation

The placement of a child in a vehicle does not eliminate the need for supervision. Potential dangers when children are left unattended in vehicles include a child leaving the vehicle, a child taking the vehicle out of gear or taking the parking brake off, a child being taken from a vehicle by an unauthorized individual, or a child dying from heat stress in a hot car. CFOC, 3rd Ed. pgs. 6-7 Standard 1.1.1.4, pp.64-66 Standard 2.2..0.1, pp.287-288

Compliance Guideline(s)

Leaving children unattended in the vehicle includes leaving them alone while they go inside a store to pay for gas.

When providers have to leave the vehicle, they must take the children with them.

Violation Risk

High

Requirement

- (3) While transporting children in care, the provider must not be intoxicated or impaired.

Rationale / Explanation

The age, defenselessness, and lack of mature judgment of children in care make the prohibition of alcohol and illegal substances an absolute requirement. CFOC, 3rd Ed. pp.118-119 Standard 3.4.1.1, p.363 Standard 9.2.3.15

Compliance Guideline(s)

The provider must never transport children after drinking alcohol or after taking any medication that may diminish their abilities.

Violation Risk

High

30-21 Animals

Requirement

- (1) The provider must ensure there is no accessible animal that has a history of dangerous, attacking, or aggressive behavior.

Rationale / Explanation

To prevent injury, children must be protected from aggressive animals. Animals which are bred or trained to demonstrate aggression towards humans or other animals, or animals which have demonstrated such aggressive behavior in the past, should not be permitted on the premises. CFOC 3rd ed. Standard 3.4.2.1.-3.4.2.2. pp.121-122

Compliance Guideline(s)

Animals which are bred or trained to demonstrate aggression towards humans or other animals, and/or animals which have demonstrated aggressive behavior or has bitten anyone in the past, cannot be on the premises.

Although some wild animals may be legal to own, many are naturally aggressive and are prohibited. These include tigers, wolves, piranhas, chimpanzees, some types of monkeys, bears, and several kinds of snakes.

Boa constrictors, anacondas, and most pythons are examples of naturally aggressive snakes and are very dangerous. They may not be on the premises. Ball pythons are not generally aggressive and may be on the premises if the provider has documentation confirming that the snake is a ball python.

Chickens, pigeons, cats, dogs, and ferrets are examples of animals that are not naturally aggressive.

Violation Risk

High

30-22 Rest and Sleep

Currently there are no requirements for this section.

30-23 Diapering

Currently there are no requirements for this section.

30-24 Infant and Toddler Care

When there are infants in care:

Requirement

- (1) The provider must ensure infants sleep in equipment designed for sleep, such as a crib, bassinet, porta-crib, or playpen unless the provider has written instructions from the parent to have the infant sleep in other equipment. Equipment designed for sleep does not include mats, cots, bouncers, swings, or car seats.

Rationale / Explanation

Injuries, such as falls or entrapment, and Sudden Infant Death Syndrome (SIDS) have occurred when children have been left to sleep in equipment not designed for sleep. Sleeping in a seated position can restrict breathing and decrease oxygen in an infant's blood. Sleeping should occur in equipment specifically manufactured for this activity. CFOC 3rd ed. Standard 2.2.0.2. p.66

Cradles and bassinets are not immune to the hazards that may cause SIDS. Ninety percent of SIDS cases occur during the first six months of a baby's life, which is prime bassinet time. CPSC guidelines stipulate: 1) a sturdy bottom and wide base; 2) smooth surfaces without protruding hardware; 3) legs with locks to prevent folding while in use; 4) a firm, snugly fitting mattress; and 5) adherence to the manufacturer's guidelines regarding maximum weight and size of the infant. Pike, Jodi & Moon, Rachel. (2008). Bassinet Use and Sudden Unexpected Death in Infancy. Journal of Pediatrics. pp. 509-512

Compliance Guideline(s)

Cribs, bassinets, cradles, porta-crisbs, playpens, and play yards are approved to sleep infants.

A crib is defined as a child's bed that has sides for protection from falling.

The following equipment is not approved to sleep infants:

- a mat, cot, pillow, bouncer, swing, or car seat
- any size bed
- a crib that has been converted into a toddler bed
- a couch or chair, even when the provider is sitting next to the infant
- a Boppy pillow, even when it is placed on or in a bed, crib, cradle, bassinet, playpen, or play yard
- a bassinet or cradle when the infant is able to push up on hands and knees, pull up, or sit unassisted

Parent's written permission can be in paper or electronic format.

Before a provider sleeps an infant in equipment such as a motion glider, rocker, bouncer or napper, the provider must obtain and keep available for review written documentation from the manufacturer stating that the equipment is approved for sleeping infants.

Infants may not sleep on blankets inside on the floor or on the ground. Providers may take approved equipment outside to use for sleeping the infant.

It is not a violation if an infant is asleep in a car seat when arriving at the home and the provider immediately (within 5 minutes) moves the infant to appropriate sleeping equipment. It is a violation if more than 5 minutes elapse before the infant is moved.

It is not a violation when an infant falls asleep in a piece of equipment not designed for sleeping, and the provider immediately (within 5 minutes) moves the infant to appropriate sleeping equipment. It is a violation when more than 5 minutes elapse before the infant is moved.

The provider may hold an infant while the infant sleeps.

Violation Risk

High

30-24 Infant and Toddler Care (continued)

Requirement

- (2) The provider must place infants on their backs for sleeping, unless the provider has written instructions from a health care provider for a different sleep position.

Rationale / Explanation

Placing infants to sleep on their backs has been associated with a dramatic decrease in deaths from Sudden Infant Death Syndrome (SIDS). However, deaths in child care facilities attributable to SIDS continue to occur at an alarming rate, with many of these deaths associated with infants sleeping in a prone position (on their stomachs). CFOC 3rd ed. Standard 3.1.4.1. pp.96-99

For more information about safe sleep practices for infants, visit:

https://www.nichd.nih.gov/sites/default/files/publications/pubs/Documents/NICHD_Safe_to_Sleep_brochure.pdf

Violation Risk

High